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FOR ACTION

THE COUNTRY PROGRAMME STRATEGY NOTE**

Tunisia

SUMMARY

The Executive Director presents the country programme strategy note for Tunisia for a programme of cooperation for the period 1997 to 2001.

Despite limited resources, Tunisia has made important progress in child survival, protection and development. Following its ratification of the Convention on the Rights of the Child, Tunisia has established a child protection code. It is important to mention a number of challenges as regards the reduction of disparities, the quality of services, the fight against poverty and maintenance of the progress made in assisting children.

The programme of cooperation has learned several lessons from recent experience. These include the role of advocacy and social mobilization in shaping and implementing national policies, the importance of the national capacity-building strategy in maintaining progress with respect to children and, finally, the need to improve the system of data collection and

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** An addendum to the present report containing the final country programme recommendations will be submitted to the Executive Board for approval at its third regular session of 1996.

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monitoring. The programme will support governmental and non-governmental commitments and will assist policy-making to benefit children. Through national capacity-building and pilot projects, it will attempt to gain experience that can later be put into general practice. Particular emphasis will be placed on strengthening the role of families and parents with a view to improved care of their children. In addition, the programme will target areas of priority so that its limited resources can meet the needs of a larger number of children. Cooperation will centre on three programmes: health, basic education, and advocacy and social planning.

THE SITUATION OF CHILDREN AND WOMEN

1. Despite limited natural resources and an intermediate per capita gross national product, estimated at $1,700 in 1994, Tunisia has made important progress in economic and social development over the last 30 years.

2. Women and children occupy an important place, a fact which was confirmed in 1989 by the creation of a National Council on Childhood and strengthened in 1992 by the ratification of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and the development of a national programme of action (NPA) for child survival, protection and development. The establishment of a child protection code reflects this commitment, which the Committee on the Rights of the Child praised in its report on Tunisia.

3. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) are estimated respectively at 35 and 43 per 1,000 live births in 1990-1994. These rates are twice as high in rural areas as in urban ones. Neonatal mortality accounts for 60 per cent of infant mortality. Acute respiratory infections (ARI) account for 29 per cent of deaths among children under five years of age and are the primary cause of illness (five episodes per child per year), followed by diarrhoeal diseases (three episodes per child per year). The maternal mortality rate (MMR), estimated at 69 per 100,000 live births, remains considerably higher in the rural areas.

4. The occurrence of severe and moderate malnutrition (weight/height) is rare (4 per cent). The rate of chronic malnutrition remains relatively high (22 per cent), particularly in rural areas (33 per cent). More than 40 per cent of children under five years of age and of nursing mothers are anaemic. Only 12 per cent of children between 0 and four months of age are exclusively breast-fed. The incidence of endemic goitre has lessened and remains limited to the north-west of the country. A presidential decree on the general availability of iodized salt was issued on 4 September 1995. No sign of vitamin A deficiency has been noted in the past 20 years.

5. Major investments in education have helped to improve the education system: in 1994, 91 per cent of children between 6 and 12 years of age were enrolled in school, and 87 per cent completed primary school. The illiteracy rate has been reduced from 85 per cent in 1956 to 37 per cent in 1989. The educational reform implemented in 1989 has made education free and compulsory between 6 and 16 years of age. Despite this progress, there are problems with quality, efficiency and equity. Among the causes of disparities are an unequal distribution, and less-than-ideal management, of resources.

6. Only 10 per cent of children between three and six years of age attend pre-school facilities, which are concentrated primarily in the urban areas. The pre-school sector suffers from a lack of qualified personnel, 62 per cent of whom have not received any specialized training. The remaining children are looked after by their families.

7. There are an estimated 20,000 disabled children. Abandoned children represent about 0.25 per cent of all births or about 500 newborn infants per year. Family placement and adoption account for over two thirds of these children, while the remainder are placed with specialized institutions. Other programmes, such as the programme for social action in schools, target children at high risk for academic failure.

8. In order to accomplish its goals for the decade, Tunisia must concentrate on the priority regions in the south and west of the country.

LESSONS LEARNED FROM PAST COOPERATION

9. The 1992-1996 programme for cooperation has helped to strengthen national policy with respect to children by encouraging ratification of the Convention on the Rights of the Child and achievement of the intermediate goals of the NPA. This programme, which was originally concerned with the extension of services, has evolved in the direction of national capacity-building and technical support. Experience has shown the importance of advocacy and its contribution to the development of policies to benefit children (iodization of salt, breast-feeding, basic skills). Local and international exchanges of experience, study visits, technical support and demonstration projects have contributed to the development of this strategy, which has underpinned Tunisia's commitment to children at the Maghreb and African levels. The development of training for educators has proved effective owing to its multiplier effect. Intersectoral coordination and the development of a partnership linking UNICEF, the Government, the non-governmental organizations (NGOs), academics, scouts, the Kef Foundation, the United Nations agencies (including the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Food Programme (WFP)), have been productive. However, the integration of programmes, the identification of priority groups, monitoring and the documentation of experience have been inadequate.

PROPOSED COUNTRY PROGRAMME STRATEGY

10. The new 1997-2001 programme of cooperation is based on the Convention on the Rights of the Child, the national development plans and the NPA, and its overall purpose is to provide support in attaining the objectives of the NPA. It will help reduce IMR from 35 to 25 per 1,000 live births, U5MR from 43 to 30 per 1,000 live births and MMR from 69 to 49 per 100,000 live births. This programme is also intended to ensure that in underprivileged areas at least 80 per cent of school-age children finish primary school after receiving a sound education. The quality, performance and fairness of the education system will have to be improved. In addition, the ability of parents to take responsibility for their young child's development will be reinforced. The programme also seeks to promote the Convention on the Rights of the Child and the child protection code. Finally, the programme will support the development, both centrally and regionally, of systems for monitoring and analysing the situation of children.

11. The programme strategy will focus on maintaining the improved child survival rates and reinforcing the development and protection of children. Concentrating action in the priority areas is one of the fundamental thrusts of the programme. Advocacy and social mobilization will be consolidated by involving decision makers, the media, families and new partners (governors, deputies). Advocacy will be supported by developing arguments based on the monitoring and continuous analysis of the situation of children. National capacity-building is aimed at efficient management of services, including the collection, analysis and use of data and the design of operational research plans. Demonstration projects will be developed at the local level, in close liaison with national officials. These projects will provide an opportunity for trying out efficient management methods, community participation and collection of qualitative and quantitative data in the field. The role of women, families and communities will be reinforced and information on how better to meet children's needs will be communicated to them.

12. The programme of cooperation includes three subprogrammes. The health subprogramme aims at achieving, at the regional level, decade goals with respect to diarrhoeal disease control, vaccination, ARI and iron deficiency. To that end, the management capacity of health teams in regions at risk will be reinforced. The perinatal programme will be supported by setting up a system that ensures the quality and continuity of services and by educating mothers. The district health programme, launched in eight districts, will be reinforced and expanded to cover the entire country. Its objectives will be to decentralize decision-making, develop contacts between the health team and the community, integrate experience in the field into basic training for health personnel and develop a system guaranteeing the quality of services.

13. The second subprogramme deals with basic education. Its aim is to introduce into 360 designated priority schools a curriculum centred on basic skills and designed to permit all children to acquire the theoretical and practical knowledge which is a prerequisite for subsequent learning. The basic skills will be introduced using child-centred teaching methods and classroom organization. The management skills of the school principals will be strengthened to enable them to improve the quality of the teaching, initiate dialogue with parents and put into place methods designed to eliminate academic failure. The decentralized computer database will be improved by making the various national, regional and local levels responsible for collecting, processing and using the data. All this will be done in cooperation with UNESCO and WFP. Finally, the programme will try to enhance parents' understanding of how young children develop. Audiovisual programmes will be produced and a pilot programme on taking care of a young child will be developed.

14. The advocacy and social planning subprogramme has two components. The advocacy component will concern itself with promoting the Convention on the Rights of the Child and applying the child protection code. The new programme is intended to train inspectors, teachers, non-governmental organizations and the media so that they will be able to develop new strategies for implementing the Convention. The programme will also endeavour to set up a system for monitoring application of the child protection code by developing the mandate and training of the regional delegates. The second component, social planning, deals with mechanisms for collecting, processing and analysing data on the

situation of children. Future cooperation will take advantage of the Presidential decision to publish an annual report on the situation of children and the implementation of the Convention by establishing a national coordinating mechanism for the integrated analysis of data on children and by building a regional capacity for monitoring the situation of children in order to assist planning and advocacy. This will link up with UNDP and UNFPA cooperation in the same areas.

ESTIMATED PROGRAMME BUDGET

Estimated programme of cooperation, 1997 to 2001 a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	1 800	875	2 675
Education	1 950	1 125	3 075
Advocacy/social planning	1 250	500	1 750
Total	5 000	2 500	7 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.